AR	BUREAU OF VI	OARD OF HEALTH PAL STATISTICS FICATE OF BIRTH	State File No. 92 Registered No. 264
County July		State	
District of Township or Village			
City No. St. Ward Of birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child Office Clare of Stella Clare of Stella Stellar Report, as directed.			
in event of plural	4. Twin, triplet or other 5. No., in order of birth.	W.	7. Date of birth Month Day Year
8. FATHER Parties Roman Class	isloy	14. Full maiden name	leans Lafre
9. Residence (Usual place of abode) If non-resident, give place and state.	Mani Centara	15 Residence (Usual place of abode) If non-resident, give p	lace and state. Craying
10. Color or race 11. Age at last bi	3J(Years)	16 Color or race	17. Age at last highlay (Years)
12. Birthplace (city or place) Sau (State or country Lun au go	Fernando Nexico	18. Birthplace (city or pla	burango. Trux, es
13. Occupation	er_	19. Occupation	Armenike
Nature of Industry Coff	In Triend	Nature of industry	
20. Number of children of this mother	(a) Born alive at	to non minimum and management	21. Were precautions taken against oph- thalmia neonatorum?
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive by	ut now dead	e_
GERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was (Born stir) of stillborn.)			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	Signature	mark.	6. om
child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwile).			
Given name added from	Address	***************************	
6/5-905-/39	Filed	fx 15,55	CE. Juna

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